

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101619684  
APPLICANT(S)  
FILING DATE

2128106 CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.				
1		/						
2		/						
3		/						
4		/						
5		/						
6		/						
7		/						
8		/						
9		/						
10		/						
11		/						
12		/						
13		/						
14		/						
15		/						
16		/						
17		/						
18		/						
19		/						
20		/						
21		/						
22		/						
23		/						
24		/						
25		/						
26		/						
27		/						
28		/						
29		/						
30		/						
31		/						
32		/						
33		/						
34		/						
35		/						
36		/						
37		/						
38		/						
39		/						
40		/						
41		/						
42		/						
43		/						
44		/						
45		/						
46		/						
47								
48								
49								
50								
TOTAL IND.					10			
TOTAL DEP.					36			
TOTAL CLAIMS					46			

TOTAL IND.					10			
TOTAL DEP.					36			
TOTAL CLAIMS					46			